

CPA, Inc.
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Braintree, MA 02184
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www.CPA125.com

AUTHORIZATION FOR PRE-TAX PAYROLL REDUCTION

→ Return signed form to Human Resources at Town Hall by 4:00 May 7th
→ Failure to re-enroll by the deadline will result in termination from the plan.

**617-739-7519 Human
Resources (Fax)**

Name _____

EMPLOYER: TOWN OF BROOKLINE

Street _____

PLAN YEAR: 7/1/2012 – 6/30/2013

(expenses must be incurred between these dates*)

City, State, Zip _____

SSN: _____

E-Mail Address: _____ Phone: _____
(Required)

I am a: Municipal Employee ☐ School Employee ☐

I am paid: Weekly ☐ Bi-Weekly 26 ☐ Bi-Weekly 21 ☐ Semi-Monthly ☐ Monthly ☐ Other: _____

Select Benefit(s) and Amount

☐ Dependent Day Care Account:

I elect to contribute \$ _____ per Plan Year
(\$5000 maximum)

Requires a completed dependent care claim form
(enclosed and available online) each plan year.

☒ Administrative Fee \$ 36.00 per Plan Year

☐ Medical/Dental Care Account:

I elect to contribute \$ _____ per Plan Year
(\$2500 maximum*)

Will be loaded onto existing Benny™ cards

*per Patient Protection and Affordable Care Act
(health care reform)

☒ Administrative Fee paid by the town of Brookline

Direct Deposit Information: (if not already on file with CPA, Inc.)

I hereby authorize Cafeteria Plan Advisors, Inc. to deposit my claim reimbursements directly to my bank. I also authorize drafts to adjust any over deposits that were credited to my account. I will contact CPA, Inc. immediately with any bank information changes.

Name of Bank: _____ ☐ Checking ☐ Savings

Routing Number (9 digits) _____ Account Number _____

I hereby authorize a salary reduction for the amount(s) shown above. I understand that:

- this election cannot be revoked or changed during the plan year without a qualifying event as defined in the IRS regulations.
- any unused funds at the end of the Plan Year will be forfeited in accordance with IRS regulations (use it or lose it).
- dependents must qualify under regulations set forth by the IRS.
- services must be consistent with allowable medical deductions under the IRS Code.
- * there is a 75 day grace period to spend any funds remaining in the plan on the last day of the plan year.
- over-the-counter medicines are not eligible expenses unless submitted with a prescription.

Signature: _____

Date: _____